

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DATA TRANSMISSION  
Attorney Docket Number:: 116-104US  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

40025604 122601

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: PIETER  
Middle Name:: CORNELIS  
Family Name:: LUNENBURG  
City of Residence:: WAIUKU  
State or Province of  
Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 5 BRIGHTS ROAD  
  
City of Mailing Address:: WAIUKU  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: CHARLES BRYAN  
Family Name:: WOODHEAD  
City of Residence:: COCKLE, HOWICK  
State or Province of  
Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 101 SANDSPIT ROAD  
  
City of Mailing Address:: COCKLE BAY, HOWICK  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND

10025604-122601

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	509130	12/22/00	Yes

**Assignment Information**

Assignee Name:: Tru-Test Limited

Street of Mailing Address:: 25 CARBINE ROAD

City of Mailing Address:: MT. WELLINGTON

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

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